## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

**Application or Docket Number** 

09 474935

| Claims as filed - Part I   |   |                |                                 |                                       |   |                         |       | WALL            | ENTITY                                       |      | OTHER               | THAN                   |  |
|--|---|----------------|---------------------------------|---------------------------------------|---|-------------------------|-------|-----------------|--|------|---------------------|------------------------|--|
| EC   | <u> </u>  |                |                                 | Column 1)                             |   | (Column.2) NUMBER EXTRA |       | YPE             |  | OR   | SMALL               | EMTITY                 |  |
| FOR  |   |                | NUMBER FILED                    |                                       | NOWBER                                      | INUMBER EXTRA           |       | ATE             | FEE  | ]    | RATE                | FEE                    |  |
| BASIC FEE  |   |                |                                 | A STATE OF                            |   |                         |       | ( 1             | 345.00                                       | OR   | Ó                   | 690.00                 |  |
| TOTAL CLAIMS   |   |                | 18                              | minus 2                               | 20= *                                       |                         | ∥ ∦ × | \$ 9=           |  | OR   | X\$18=              |                        |  |
|  | DEPENDENT CI  | 1              | 3                               | minus                                 | 3 =  *                                      |                         | ×     | (39=            |  | OR   | X78=                | ·                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                |                                 |                                       |   |                         |       | 130=            |  | OR   | +260=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                |                                 |                                       |   |                         | TO    | OTAL            | <u>                                     </u> | OR   |                     | (va ()                 |  |
| Claims as amended - Part II  |   |                |                                 |                                       |   |                         |       |                 |  | J    | OTHER               |                        |  |
|  | (Column 1) (Column 2) (Column 3)  |                |                                 |                                       |   |                         |       | ALL             | ENTITY                                       | OR   | SMALL               | ENTITY                 |  |
| AMENOMENT A  |   | REM<br>AF      | AIMS<br>AINING<br>TER<br>IDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA        | R     | ATE             | ADDI-<br>TIONAL<br>FEE                       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *              |                                 | Minus                                 | **  | =                       | ×     | \$ 9=           |  | OR   | X\$18=              |                        |  |
| AME  | Independent   | AITATION OF BU |                                 | Minus                                 | PENDENT CLAIM                               | =                       | X     | 39=             |  | OR   | X78=                |                        |  |
|  | rinoi Fhese   | INTATIC        | ON OF MC                        | DETIPLE DEF                           | PENDENT CLAIM                               |                         | +1    | 30=             |  | OR   | +260=               |                        |  |
|  |   |                |                                 |                                       |   |                         |       | TOTAL<br>T. FEE |  |      | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |                |                                 |                                       |   |                         |       |                 | <u></u>                                      |      | ADDIT. FEE          |                        |  |
|  | CLAIMS HIGHEST  |                |                                 |                                       |   |                         | l —   |                 | ADDI   | ) ·  |                     |                        |  |
| AMENDMENT B  |   | AF             | AINING<br>TER<br>IDMENT         |                                       | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA        | R     | ATE             | ADDI-<br>TIONAL<br>FEE                       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MON  | Total   | *              |                                 | Minus                                 | **  | =                       | XS    | 9=              |  | OR   | X\$18=              |                        |  |
| NA E   | Independent   | *              |                                 | Minus                                 | ***   | =                       | X:    | 39=             |  |      | X78=                |                        |  |
| <u></u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                |                                 |                                       |   |                         |       |                 |  | OR   | 770-                |                        |  |
|  |   |                |                                 |                                       |   |                         |       | 30=<br>TOTAL    |  | OR   | +260=               |                        |  |
|  |   |                |                                 |                                       |   |                         |       |                 |  | OR , | TOTAL<br>ADDIT. FEE |                        |  |
| <del></del> r  |   |                | umn 1)                          | · · · · · · · · · · · · · · · · · · · | (Column 2)                                  | (Column 3)              | İ     |                 |  |      |                     |                        |  |
| AMENDMENT C  |   | REM.<br>AF     | AIMS<br>AINING<br>TER<br>IDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA        | RA    | ATE             | ADDI-<br>TIONAL<br>FEE                       |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NOS<br>NOS   | Total   | *              |                                 | Minus                                 | **  | =                       | X\$   | 6 9= ·          |  | OR   | X\$18=              |                        |  |
| A ME   | Independent   | *              |                                 | Minus                                 | ***   | =                       | X     | 39=             |  |      | X78=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                |                                 |                                       |   |                         |       |                 |  | OR   | 7.70-               |                        |  |
| * 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                |                                 |                                       |   |                         |       |                 |  | OR   | +260=               |                        |  |
| **   | *** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                |                                 |                                       |   |                         |       |                 |  |      |                     |                        |  |